Testimony on Healthcare Reform and Impact on Medicaid

Access Community Health Network, Chicago, IL

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Good afternoon. My name is Deila Davis, director of government affairs, for Access Community Health Network headquartered in Chicago. On behalf of ACCESS and the patients we serve, thank you for the opportunity to present before this honorable body.

Today, I would like to share remarks about healthcare reform from the perspective of community health centers: Specifically addressing 1) the impact of Medicaid expansion for those who are currently uninsured and 2) the importance of the state sponsored legislation supporting the integration of medical services into Medicaid.

Community Health Centers (CHCs) were first created by the federal government in the 1960s – during the "War on Poverty era" to provide healthcare to low income residents of the rural south and other parts of the country who had little or no access to doctors. Through the years, the CHC model has expanded to meet the health needs for those living in underserved communities and for high risk patients. As their visionaries intended more than 50 years ago, CHCs are uniquely positioned to anchor healthcare reform and handle the influx of newly insured patient users.

There are currently more than 300 community health center sites in Illinois – and we can expect that number to grow under health reform – that provide healthcare for low to moderately income and uninsured patients. Community health centers like ACCESS are poised to deliver healthcare those previously uninsured ACCESS is one of the nation's largest -- serving 215,000 patients (predominately women and children) at 60 health center locations: 40 in Chicago and the remainder in suburban Cook and DuPage counties.

In the next few years, healthcare reform will bring 700,000 Illinois residents into the health sector who were previously uninsured. There will also be increased opportunities for current Medicaid patients. With expanded Medicaid coverage, community health centers like ACCESS can expect to serve thousands of new patients. And we are uniquely positioned for the opportunity.

Expanding Medicaid will eliminate a host of barriers that kept individuals and their families from seeking care. Some patients will be those who have health insurance for the first time in their lives. Others will be individuals who only see a doctor if they visit the emergency room. Many individuals will have chronic diseases – often advanced stages – due to irregular or sporadic care. And a portion will have co-morbidities such as hypertension, diabetes, and heart disease. Still others will have increased need for specialty care and behavioral health services.

To truly leverage the advantage of community health centers and federal funding, revisions to Medicaid that support CHCs as a primary care medical home will require revisions to how the Medicaid program currently operates in Illinois. For example, the ability to reimburse CHCs for two medical visits on the same day (with a primary care doctor and a specialist) is just one example of advancing the CHC medical home model.

ACCESS has a medical home model that is anchored by a primary care physician, and extended by a team of social workers and specialists to supervise all aspects of care. An ACCESS provider can see a patient and direct them down the hall for a visit with a specialist. The ability to bill for two visits in one day is patient-centered medicine. Not only is it affordable but also effective. Many of the patients who visit our health centers face numerous challenges. They cannot afford to take time off of work for multiple appointments or they may have difficulty arranging transportation, especially for seniors or those with small children who rely on public transportation. Enabling community health centers to get reimbursed for multiple visits on the same-day will enhance our ability to effectively meet patient needs.

Other examples include:

- The ability to bill for a primary care visit and a telehealth visit. Through telemedicine, a specialist can meet with patients and primary care providers to prescribe treatments. A primary care doctor should be able to be reimbursed as well as the specialist.
- The ability to bill for a primary care visit and a psych visit on the same day (currently, we can bill for a primary care visit and a social worker on the same day)
- Expanding the range of specialty services eligible for reimbursement including optometry and dental

Concerning how the State of Illinois should incorporate the integration of medical services into the Medicaid, following are a few suggestions. The ACA focuses on coordinated care among primary care physicians, specialists, hospitals, long-term care and social service providers. To encourage the availability of healthcare services for CHC patients throughout the entire system – with specialists, hospitals, and other providers, we recommend higher reimbursement rates for these partners and specialists, particularly for those engaged in behavioral health services.

The ACA also mandates screenings for substance abuse, smoking cession, and integration of behavioral health so there is a need for increased reimbursement for preventive care as well, which is not currently offered under Medicaid for non-FQHC providers. We recommend increased reimbursement for preventive screenings for cancer, depression anxiety, and high risk substance abuse.

Other provisions essential to leveraging community health centers under healthcare reform include:

1. *Creating more "primary care medical home" resources*. The CHC medical home is anchored by a primary care physician, and extended by a team, to supervise all aspects of care. Recognizing the CHC as the medical home that coordinates interventions across the health system and serves as the central point for communication around health issues will improve the coordination of care.
2. *Supporting the implementation of electronic health records with "meaningful use."* Health reform supports "medical homes" that adopt electronic health records with "meaningful use" such as EPIC electronic system that ACCESS is installing. This will give us communication portals and electronic connectivity with multiple other parts of the health system such as emergency departments, hospitals and health departments, and enable us to effectively chronicle each patient's health.
3. *Developing "accountable care organizations."* In the future, reimbursement for care will be given to groups of physicians and hospitals that can demonstrate the ability work effectively together to take care of defined populations of patients. Many of these organizations will be built around effective medical homes that have robust electronic health record systems; in turn, can provide effective primary and preventive care and promise patients access to specialty consultation and hospital services.
4. *Investing in comparative effectiveness research.* We continue to have much to learn about the best ways to deliver care, including ways to improve health status and approaches to prevention and primary care that can lead to elimination of racial and ethnic health disparities within our current health system. Health reform urges investigators to study the best ways to translate new knowledge into effective delivery of community based care, building on and improving the growing primary care medical home infrastructure.

Healthcare reform calls for an expanded network of community health centers. The state of Illinois is, particularly the greater Chicago area, is richly served by community health centers many of which will expand and flourish as health reform rolls out. By leveraging federal support available to community health centers, and by maintaining a disciplined business approaches that are replicable and scalable, ACCESS has learned to offer the quality, value, and integration with other parts of the health system that will be an important part of the solution for health reform challenges ahead.